

CUH-003.00

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
sign (+) inside this box → + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

											,	
Name of Addition	onal loint inventor, if a	A petition has been filed for this unsigned inventor										
Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])					Family Name or Surname							
Wai Kwong					AU							
Inventor's Signature									April1, Ze	<del>50</del> 2		
Residence: City	Kowloon	State		c.	untry	Hong Kong		Hong Hong			1	
Post Office Address	2A, Block 19, Parc Oasis,											
Post Office Addres	Tat Chee Ave.											
City	Kowloon	State		z	IP I		Country	Hong Kong		g 		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									!			
Given Name (first and middle [if any])					Family Name or Surname							
Inventor's Signature			Date									
Residence: City		State		Co	untry		Citizenship					
Post Office Addres	5						•••				į	
Post Office Address												
City		State			ZIP	•	Count	ry				
Name of Additi	onal Joint Inventor, if a	ny:	-	A	petition	n has been file	d for this	s unsign	ed inv	entor		
Given Name (first and middle [if any])					Family Name or Sumame							
				_				.,				
inventor's Signature									Date		-	
Residence: City	State				Country			Citizenship				
Post Office Addres	5											
Post Office Addres	s		Г	- т		<del></del>	<del></del>	. —	ſ			
City		State		Ì	ZIP		Co	ountry				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



O0.800-HUQ MAY 2 8 2002 MAI ARADEMARKS

lease type a plus sign (+) inside this box 🔫 🛨

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION .... Utility or Design Patent Application

<u> </u>	<u> </u>	IVATIO		Othitty	<u> </u>	COIG	11 000	7	755		<u></u>		
United States of United States of information who	of Americ or PCT Inf ich is mai	a, listed below a temational applic terial to patental	and, inso ation in pility as o	f any United Sta ofar as the subjet the manner prov defined in 37 CF of this application	ect matter or rided by the R 1.56 whi	f each of th	e claims of the	us applic C. 112 I	ation is acknow	not aisclosea i Jedae the duty	to disclose		
U.S. Parent Application or PCT Parent Number						Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)			
		1101111				(11111)	,,,,,,,						
				ion numbers are			-				-		
As a named inventor, I hereby appoint the following registered practitioner and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s										Place Custo Number Bar	Place Customer Number Bar Code Label here		
	Name	9		Registr Num	ation		Nan				tration nber		
Chiahua (		***		43,301			-		,				
Additional	egistered	practitioner(s) r	named o	n supplemental i	Registered F	Practitioner I	nformation sh	eet PTO	/SB/020	attached here	io.		
Direct all corr	esponde	ence to: 🔲 (		er Number Code Label			OR	X c	orrespo	ondence addr	ess below		
Name	Chial	hua George Yu											
Address	Law (	Offices of C. George Yu											
Address	1250	Oakmead Pkwy., Ste. 210											
Ofty	Sunny	rvale	<del></del>		<del>                                      </del>	State	CA ZIP 940						
Country	U.S.A	A. Telephone (408) 739-4518 Fax (408) 739-230  all statements made herein of my own knowledge are true and that all statements made on information and the like so											
believed to be punishable by	true; and fine or in		ese state both, u	in of my own ki ements were ma nder 18 U.S.C.									
Name of S	ole or F	irst Invento	r:			A petiti	on has beer	n filed fo	or this t	ınsigned inve	ntor		
Given Name (first and middle [if any])						Family Name or Surname							
Leo		W.M.			KD.	LAU				· ·	<del></del>		
Inventor's Signature				_\_ <u>M</u>	HIN					Date			
Residence: City Shatin, N.T.			State		Country Hong Kong Citizenship					Canada			
Post Office A	ddress	33E, Bloc	k 5,	Royal Asc	ot								
Post Office A	ddress		<del>, ,</del>				<del></del> .						
City	Shat	in, N.T.	State		ZiP			Cou	intry	Hong Kor	ıg		
X Addition of	:	m am baina n	amad a	- tho 1 cur	plemental	Additional	Inventor(s)	sheet(s	) PTO	SB/02A attac	hed hereto		